MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05867

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) three weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 915 Myrtle Avenue

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) (Day) (Year) 6/20/50 19

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: about not known 192

9. AGE last birthday: 22 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): not known

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Anderson

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ********** (redacted)

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung Tuberculosis — Interval Between Onset and Death: known since 6/5/50

002X

Antecedent cause(s)

138

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Mental Deficiency with Psychosis — known since 6/2/50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 6/2/50, 19..., to 6/20/50, 19..., that I last saw the deceased alive on 6/20/50, 19..., and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE Jacob Marquette M.D. (Degree or title) ADDRESS Crownsville, Maryland DATE SIGNED 6/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 6 23 50 | NAME OF CEMETERY OR CREMATORY Mt Auburn | LOCATION (City, town, or county) md (State)

DATE REC'D BY LOCAL REG. 6/22/50 | REGISTRAR'S SIGNATURE D.W. Hedrick

24. FUNERAL DIRECTOR Geo. A. Kelson ADDRESS 1303 Pressman St

XVV49

*NEW cer. with m.i.form, both filmed 6-30-50 G126, showing additional inf. and correct age. LL ADDITIONAL change of age: N.C. delayed birth certificate filed 7/14/50 in NC Health dept. showing deceased born July 20 1921; ok'd by Dr. Fisher by phone since no definite evidence disproving above has been presented. Filmed 7-19-50 G126 LL. BASIS of delayed birth cer: AFFIDAVITS & INSURANCE RECORD.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 05868

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~North Carolina~~ COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN* ~~Greenville~~ Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrow Beach	STREET ADDRESS (If rural, give location) 1109 Woodyear street

3. NAME OF DECEASED (Type or Print)	(First) LUCY	(Middle)	(Last) ANDERSON	4. DATE OF DEATH	(Month) June (Day) 24, (Year) 1950
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH July 22, 1926 Feb. 22	9. AGE last birthday 23 28 yrs.	If under 1 year Months 11 Days 4 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator	10b. KIND OF BUSINESS OR INDUSTRY continental can co.	11. BIRTHPLACE (State or foreign country) Greenville, North Carolina	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME CLAUDE MOYE		14. MOTHER'S MAIDEN NAME Josie Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT CHARLES CHAPMAN Greenville N.C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.4
186a

Immediate cause (a) Laceration of heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of ribs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) public beach — (CITY OR TOWN) (COUNTY) (STATE) Sparrow Beach Amusement Park, Anne Arundel

TIME OF INJURY (Month) (Day) (Year) (Hour) June 24, 1950 3.05 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell off "caterpillar ride"

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Russell S Fisher, (Degree or title) M.D. ADDRESS 700 Fleet Street, Baltimore 2, Md. DATE SIGNED June 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) removal — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Greenville, North Carolina

DATE REC'D BY LOCAL REG. ~~June 25, 1950~~ 6-27-50 — REGISTRAR'S SIGNATURE ~~Huntington Williams, M.D.~~ A. W. Hedrick ok — 24. FUNERAL DIRECTOR Geo. G. Kelson — ADDRESS 1303 Presstman Street

4963 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

CHO

COPY SENT TO ~~LOCAL REGISTRAR~~ No. ..... DATE 6-27-50

05869

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Barber
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH Abt 1880
9. AGE last birthday apprx. 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral arteriosclerosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerosis	?
	(c)	

334x
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1950, to 6/28, 1950, that I last saw the deceased alive on 6/28, 1950, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE S Borrusch (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 6/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July, 3/50
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) Mayo, (State) Md.
DATE REC'D BY LOCAL REG. July 3, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1950
BUREAU V. S.

Evidence- taken from Kelson-Funeral Director

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05870

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH- COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): three months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: two weeks Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): 1015 Bennett Place

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) 6/26/50 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: JAN 17-1892 ~~not known~~

9. AGE last birthday: 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroader

10b. KIND OF BUSINESS OR INDUSTRY: Freight Handler none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S1

13. FATHER'S NAME: Henry Barnes

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): WW 1 ~~xxxxxxxxxxxxxxxxxxxx~~

16. SOCIAL SECURITY NO.: 216-10-3758 ~~xxxxxxx~~

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General Paresis	known since 3/2/50
025X Antecedent cause(s)		
30b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none

(CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 3/2/50, 19....., to 6/26/50, 19....., that I last saw the deceased alive on 6/26/50, 19....., and that death occurred at 3?20 A. m., from the causes and on the date stated above.

SIGNATURE: Jacob Morgenstern M.D. (Degree or title) ADDRESS: Crownsville State Hospital DATE SIGNED: 6/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 7-1-50

NAME OF CEMETERY OR CREMATORY: Balto mut cem.

LOCATION (City, town, or county) (State): Balto mut St. Marys, Co. Scotts Md.

DATE REC'D BY LOCAL REG.: 6/27/50

REGISTRAR'S SIGNATURE: A. W. Hedner

24. FUNERAL DIRECTOR: Geo G. Kelson ADDRESS: 1303 Presstman st

49647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

05871

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manley; MARYLAND; LENGTH OF STAY (in this place) 12 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Westdover Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manley; STREET ADDRESS (If rural give location) 3 Westdover Rd

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Fred (Last) BECK

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 5 1890

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer (stationary)

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Beck

14. MOTHER'S MAIDEN NAME: Mary Hannemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 705-09-2686.

17. INFORMANT: Mary Beck, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — Interval Between Onset and Death: 10 months

162 X 47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: November 1949

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/49, 19..., to 6/27, 19..., that I last saw the deceased alive on 6/26, 19..., and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bobby L. Jones M.D. Post Office Building Glen Burnie 6/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/30/50 | NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery | LOCATION (City, town, or county) (State) Glenburnie Md

DATE REC'D BY LOCAL REG. 6/28/50 | REGISTRAR'S SIGNATURE C.W. Fedrick | 24. FUNERAL DIRECTOR Chas P. Towell | ADDRESS 2427 Edmondson Ave

JT

32247

VS. A15

05872

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manhattan Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manhattan Beach
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) RUDOLPH (Last) BECK

4. DATE OF DEATH (Month) June (Day) 30, (Year) 19 50

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Oct 25, 1888

9. AGE last birthday 61 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor

10b. KIND OF BUSINESS OR INDUSTRY Arundel Corp.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles E. Beck

14. MOTHER'S MAIDEN NAME Annie Elizabeth Menke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. 214-03-4728

17. INFORMANT Mrs. Ann Louise Beck, Manhattan Beach Severna Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.5 Immediate cause (a) Ac. Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Antecedent cause(s)

157f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coarctation of aorta c̄

(c) extreme hypertension on rt side — Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1946, to 6/30, 1950, that I last saw the deceased alive on 6/5, 1950, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans, Md (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 7/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7/3/50 NAME OF CEMETERY OR CREMATORY Greenmount Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 7-3-50 REGISTRAR'S SIGNATURE A. W. Heduck - LR

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

31699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05873

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bembe Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 7. D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY aa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bembe Point
STREET ADDRESS (If rural give location) R.7.D.3 Annapolis Md

3. NAME OF DECEASED (Type or Print): (First) Gustav (Middle) F. L. (Last) Bembe

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: about 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OYSTERMAN, Self.

10b. KIND OF BUSINESS OR INDUSTRY: WATERMAN

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bembe

14. MOTHER'S MAIDEN NAME: Marie (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Augusta Hancock-daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	2 yrs
420.1 940a	(c) Generalized arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to June 5, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 3 P.M. from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

George C. Basil M.D. Annapolis Md 6-5-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

5-7-50 | Cedar Bluff | Annapolis Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

June 5, 1950 | Mrs. L. Branch | John M. Taylor | Ave Annapolis Md.

VS. A15

RECEIVED
JUN 6 1950
BUREAU V. S.

Evidence for change of age shown on:
FILM No. G 127 AUG 1

05874

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Creek at Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1403 N. Fayette

3. NAME OF DECEASED (Type or Print): (First) WILLARD (Middle) (Last) BEVERLEY

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9 1917

9. AGE last birthday: 33 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Caroline Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Beverley

14. MOTHER'S MAIDEN NAME: Sarah J. Childress

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 224-03-1288

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken Neck

902.8 / 186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Stony Creek (CITY OR TOWN) Green-Haven (COUNTY) H.H. (STATE) Md
TIME OF INJURY (Month) June (Day) 25 (Year) 1950 (Hour) 6 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Dove off Wharf into Shallow water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John M. Cleffy M.D. ADDRESS Deputy Medical Examiner Annapolis Md DATE SIGNED 6-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF June 26th NAME OF CEMETERY OR CREMATORY Calvary Cemetery LOCATION (City, town, or county) Stuarts Draft (State) Va.

DATE REC'D BY LOCAL REG. 6/27/50 REGISTRAR'S SIGNATURE C.W. Hedrick

24. FUNERAL DIRECTOR Thomas J. Kenney Inc. ADDRESS 1600 Hollins

33239

05875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JACOBSVILLE PASADENA, P.O. LENGTH OF STAY (in this place) LIFE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS BACK OF JACOBSVILLE SCHOOL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA (JACOBSVILLE)
STREET ADDRESS (If rural give location) MOUNTAIN ROAD, BACK OF JACOBSVILLE SCHOOL.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) ~~BOONE~~ (Last) BOONE

4. DATE OF DEATH (Month) JUNE (Day) 15 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT. 11, 1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) BAYSIDE BEACH, A. A. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME ALFRED HANCOCK
14. MOTHER'S MAIDEN NAME MATILDA (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT PHILIP COOK, PASADENA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Congestive heart failure	2 weeks
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	unknown
		(c) old age	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Randall M. McLaughlin, M.D. ADDRESS Pasadena P.O., Md. DATE SIGNED June 15. 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE THEREOF JUNE 17, 1950 NAME OF CEMETERY OR CREMATORY MAGOTY CHURCH YARD. LOCATION (City, town, or county) (State) JACOBSVILLE, MOUNTAIN RD.

DATE REC'D BY LOCAL REG. 6/17 REGISTRAR'S SIGNATURE L. J. D'Alba 24. FUNERAL DIRECTOR Thomas W. Singleton, Glen Burnie, Md. ADDRESS AA Co. MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I VS. A15

Wilkenson

Sept. 11 1863 86 49

Mag. Cem.

2:00 at Chad
1:30 home.

RECEIVED
JUN 20 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

05876

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 4 years 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 468 Oxford Court

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) [illegible] (Last) Bopper

4. DATE OF DEATH: (Month) 6/19/50 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec. 12, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): [redacted]

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Degeneration	known since 6/7/46
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) General Arteriosclerosis	known since 6/7/46

422,1
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: none

22. I hereby certify that I attended the deceased from 6/7/46, 19....., to 6/19/50, 19....., that I last saw the deceased alive on 6/19/50, 19....., and that death occurred at 11:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob Marguette M.D. ADDRESS: Crownsville, Md. DATE SIGNED: 6/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: June 23 1950 NAME OF CEMETERY OR CREMATORY: Family Lot LOCATION (City, town, or county) (State): Newburger, S. C.

DATE REC'D BY LOCAL REG.: Burial 6/21/50 REGISTRAR'S SIGNATURE: H. W. Redud

24. FUNERAL DIRECTOR ADDRESS: Holland Funeral Home 1631 Druid Hill ave.

VS. A15

05877

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orchard Beach; LENGTH OF STAY (In this place) 18 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8216 West End Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orchard Beach; STREET ADDRESS (If rural give location) 8216 West End Drive

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) LANDRUM (Last) BOWLER SR

4. DATE OF DEATH: (Month) JUNE (Day) 19 (Year) 1950.

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 22, 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: AMERICAN-OIL CO

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: BRADLEY J. BOWLER

14. MOTHER'S MAIDEN NAME: GAY CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-1287

17. INFORMANT: Geo. L. Bowler Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SUICIDE	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HEMORRHAGE	"
	(c) CARCINOMA of STOMACH	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY at home (CITY OR TOWN) Orchard Beach (COUNTY) A. A. (STATE) Md.

TIME OF INJURY (Month) June (Day) 19 (Year) 1950 (Hour) 7 a.m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Cut both arms at elbows with pen knife

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stan M. Clatty M.D., Deputy Medical Examiner, Annapolis Md. 6/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/22/50 | NAME OF CEMETERY OR CREMATORY: Glen Haven Cem. | LOCATION (City, town, or county) (State): A. A. County, Md.

DATE REC'D BY LOCAL REG. 6/20/50 | REGISTRAR'S SIGNATURE: Rbt Hedrick | 24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons | ADDRESS: Bowie Md.

98887

VS. A15A

151x 977X 164d

05878

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC Jessup, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 604 Chariton Road

3. NAME OF DECEASED (Type or Print) (First) George (Middle) [redacted] (Last) Bridges
4. DATE OF DEATH (Month) June (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH 7-16-28
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Theodore Bridges
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Records MHC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Edema of lungs	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis, Pulmonary	6 Weeks
	(c)	

002x
13b

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1950, to June 10, 1950 that I last saw the deceased alive on June 10, 1950, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE John A. Clark (Degree or title) ADDRESS DATE SIGNED
John A. Clark, M. D., Physician in Charge, MHC Jessups, Md. 6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/15/50
NAME OF CEMETERY OR CREMATORY University Hospital
LOCATION (City, town, or county) (State) Balto City

DATE REC'D BY LOCAL REG. June 10-50
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR Frances A Hemsley ADDRESS 578 W Biddle St

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
JUN 21 1950
BUREAU U.S.

Dr Basil

05879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH- COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole — LENGTH OF STAY (in this place): 2 ½ yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Parole Post Office	STREET ADDRESS (If rural, give location): Parole Post Office

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) A (Last) CANTWELL

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Sept 10, 1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumbering	Saw Mill Owner	Tenn	USA

13. FATHER'S NAME: James Cantwell

14. MOTHER'S MAIDEN NAME: MARTHA WILBURN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW 1

16. SOCIAL SECURITY No. 597-16-4493

17. INFORMANT AND ADDRESS: Mrs Georgetta Cantwell Parole Post Office A.A. Co. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE: George C Basil (Degree or title) M. D ADDRESS: Annapolis Md DATE SIGNED: 6-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 15, 1950	Fort Lincoln 8	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 14, 1950	[signature]	B.L. Hopping and Son	Annapolis, Md.

156 09

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT 1

RECEIVED
JUN 15 1950
BUREAU V. B.

05880

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Murray Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 42 Murray Ave

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) BELLE (Last) CARR
4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1950

5. SEX F
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 12-17-1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel W. Carr
14. MOTHER'S MAIDEN NAME Sarah Ann Armiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Miss Laura Trott Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Ch. + Myocardial Insufficiency — Interval Between Onset and Death 2 Years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized — Several Years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE Gene C Basil (Degree or title) M D ADDRESS Annapolis Md DATE SIGNED 6-5-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 6-5-50
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. June 5, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU V. S.

Evidence for change of age shown on:

05881

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUN 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annaplois
   LENGTH OF STAY (In this place): Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 Fleet street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   STREET ADDRESS (If rural give location): 51 Fleet street

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) B. (Last) Coleman

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 50

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/ 26/ 1896

9. AGE last birthday: 54 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic- Maid

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Prince George Co. Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Hebron

14. MOTHER'S MAIDEN NAME: Emily Carrolls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT: Helen Hebron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	1day
443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	2 wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/1950 19..... to 6/13/1950....., that I last saw the deceased alive on June 13, 1950 and that death occurred at .....m., from the causes and on the date stated above.

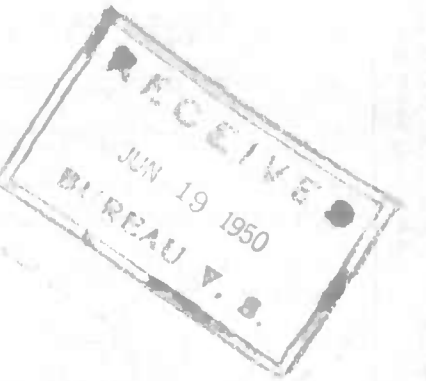
SIGNATURE: Theodore G. Johnson (Degree or title) M.D. ADDRESS: 40 Northwest Street DATE SIGNED: June 14,1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/ 17 / 1950
NAME OF CEMETERY OR CREMATORY: Mt. Auburn
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: June 16, 1950
REGISTRAR'S SIGNATURE: Mary French

24. FUNERAL DIRECTOR: Mrs. Charles E. Hicks & Son ADDRESS: 45 Northwest st

52086


RECEIVED
JUN 19 1950
BUREAU V. S.

Evidence for addition of items in red:
Telephone call from undertaker 6/21/50 dm.

05882

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MILLERSVILLE LENGTH OF STAY (in this place) Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Crain Highway.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1729 - Ellamont St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ELMER - CORNISE
4. DATE OF DEATH (Month) (Day) (Year) June 19 1950
5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH Aug. 20, 1911
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK - DRIVER.
10b. KIND OF BUSINESS OR INDUSTRY Texas Oil Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME James Cornise
14. MOTHER'S MAIDEN NAME Mary V. Schultz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jeanette A. Cornise

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned by gasoline. — Sudden

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident. — Sudden

170c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Crain Highway (CITY OR TOWN) Millersville (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 - 19 - 50 - 11 P.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Collided with another car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Faubert MD. (Degree or title) assistant Deputy Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 6/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/21/50 NAME OF CEMETERY OR CREMATORY Wm Cathedral LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 6/21/50 REGISTRAR'S SIGNATURE H.W. Hedinger 24. FUNERAL DIRECTOR Wm Cook Inc 1217 St Paul St ADDRESS

420 2V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

No. 05883

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Nutwell; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 256

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton; STREET ADDRESS (If rural give location) Chalk Point

3. NAME OF DECEASED (Type or Print): (First) GORDON (Middle) AUGUSTUS (Last) CRANDALL

4. DATE OF DEATH: (Month) JUNE (Day) 16 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: August 18 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INN KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: TAVERN

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: JOHN Wm. Crandall

14. MOTHER'S MAIDEN NAME: LYDA Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Gordan Crandall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.6 **Immediate cause** (a) ASPHYXIA from Smoke

181 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1st & 2nd DEGREE BURNS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Cabin near Tavern

(CITY OR TOWN) Nutwell (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 16 1950 6 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Bed caught fire while he was asleep

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John R. Caffey M.D. Deputy Medical Examiner Annapolis Md. 6-16-50

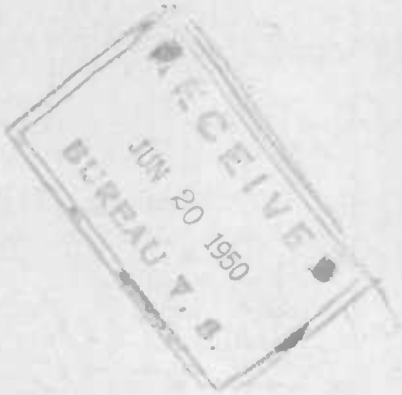
23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF June 17. 1950 NAME OF CEMETERY OR CREMATORY Woodfields Cem. LOCATION (City, town, or county) Galesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 17-50 REGISTRAR'S SIGNATURE J. B. Dent.

24. FUNERAL DIRECTOR O. C. Hardesty & Son ADDRESS Galesville Md

15687

VS. A15A


RECEIVED
JUN 20 1950
BUREAU T. S.

05884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: Ad

County

City or town: Arundel Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Arundel Beach Magothy River

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3608 3rd ST
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Frances M. Cromwell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Richard Nelson Cromwell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 26, 1865

8. AGE: Years: 84 | Months: | Days: | If less than one day: ..... hrs. ..... min.

8. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: John F. Shekells
13. Birthplace

MOTHER
14. Maiden name: Pricilla Sunderland
15. Birthplace

16. Informant: Dr. Guy N. Cromwell
Address: Arundel Beach Magothy River

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8/50 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Baltimore, Md.

18. Funeral director: Harry H. Witzke
Address: 4101 Edmondson Ave

19. 6-7-50 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1950 at ..... A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 1945 to June 6 1950 and that I last saw h[illegible] alive on June 7 1950

Immediate cause of death	DURATION
Chronic Valvular Disease of the Heart.	3 years
Due to Cardio-Vascular Disease	3 years
Due to	
Other conditions	

422.1
92d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: James S. Billingsley MD
M. D. or other

Address: Glen Burnie Md Date signed: Jun 6, 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05885

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raynor Heights | LENGTH OF STAY (In this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arundel Corp. Gravel Pit.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lenthicum Heights P.O.
STREET ADDRESS (If rural give location) 5635 Belle Grove Road

3. NAME OF DECEASED (Type or Print): (First) Elton (Middle) Wynn (Last) Ferguson
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 10, 1935
9. AGE last birthday: 14 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Greenville County, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. W. Ferguson
14. MOTHER'S MAIDEN NAME: Ida Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: R. W. Ferguson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Accidental	
	(c)	

E 929.8 183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Gravel Pit Pond
(CITY OR TOWN) Raynor Heights (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) June (Day) 6 (Year) (Hour) 6:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Was Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Coffey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 6/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 8 1950 | NAME OF CEMETERY OR CREMATORY: Forest Hill | LOCATION (City, town, or county) (State): Skippers, Va. Rural.

DATE REC'D BY LOCAL REG. 6/7/50 | REGISTRAR'S SIGNATURE: L. J. Dallam

24. FUNERAL DIRECTOR: Richard V. Singleton, Glen Burnie ADDRESS

RECEIVED
JUN 8 1950
BUREAU V. S.

05886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH · COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): two months three weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): 1507 E. Chase Street

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Henry	(Last) Ferguson	4. DATE OF DEATH	(Month) 6/23/50 (Day) (Year) 19
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 9/17/82	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer - Porter	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: David Ferguson	14. MOTHER'S MAIDEN NAME: Annie (?)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	known since 3/29/50
Antecedent cause(s)	(b) Hypertensive Cardio Vascular Disease	"
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General Paresis	known since 3/29/50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: noen	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 3/29/50, 19....., to 6/23/50, 19....., that I last saw the deceased alive on 6/23/50, 19....., and that death occurred at 10:05 P. m., from the causes and on the date stated above.

SIGNATURE: Jacob Morgenstern M.D. (Degree or title) ADDRESS: Crownsville, Md. DATE SIGNED: 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 6-28-50	NAME OF CEMETERY OR CREMATORY: Mt. Calvary	LOCATION (City, town, or county) (State): A.A. County. Md
DATE REC'D BY LOCAL REG.: 6/26/50	REGISTRAR'S SIGNATURE: A. W. Hedrick JT	24. FUNERAL DIRECTOR: Joseph D. Locks. Jr	ADDRESS: 1304 N. Central Ave

75099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05887

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 341 Frederick Street

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Elizabeth (Last) Fisher

4. DATE OF DEATH: (Month) 6/13/50 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: not known 188[illegible]

9. AGE last birthday: 66 (?) yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ********

16. SOCIAL SECURITY NO.: **********

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Myocarditis Chronica (Chronic Myocarditis) — known since 5/12/50

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Senile Psychosis — known since 5/12/50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none (CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 5/12/50, 19..., to 6/13/50, 19..., that I last saw the deceased alive on 6/13/50, 19..., and that death occurred at 6:20 A. m., from the causes and on the date stated above.

SIGNATURE Frank Abercrombie M.D. (Degree or title) ADDRESS Crownsville, Mafyland DATE SIGNED 6/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: June 16/50 | NAME OF CEMETERY OR CREMATORY: Sumner Cemetery | LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG. June 14, 1950 | REGISTRAR'S SIGNATURE E. T. Joyce - Deputy | 24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland Md.

RECEIVED
JUN 20 1950
BUREAU V. S.

05888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. - Govans.
STREET ADDRESS (If rural, give location) 6325 Smith Ct. 6300 Off Yard Rd ✓

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) F. (Last) Fitzgerald

4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1950

5. SEX M
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb 29. 1886
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (State or foreign country) Blackstone, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John F. Fitzgerald
14. MOTHER'S MAIDEN NAME Emma Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 211-14-6302
17. INFORMANT Blanche Brandon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 x Immediate cause	(a) Cerebral Vascular accident	4 days
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic	
	(c) Cardiovascular disease	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/4, 1950, to 6/10, 1950, that I last saw the deceased alive on 6/9, 1950, and that death occurred at 8 15 A m., from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS 63 College Ave Annapolis DATE SIGNED 6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/13/50
NAME OF CEMETERY OR CREMATORY Pleasant Rest
LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REG. 6/12/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. I. Chatman Jr. ADDRESS 1901 McCulloh St. Balto. Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05889

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPA CREEK

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural give location) 144 CHARLES

3. NAME OF DECEASED (Type or Print) (First) JEROD (Middle) J. (Last) GERACI
4. DATE OF DEATH (Month) JUNE (Day) 19 (Year) 1950
5. SEX MALE
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 11-25-43
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL
10b. KIND OF BUSINESS OR INDUSTRY SCHOOL
11. BIRTHPLACE (State or foreign country) CAMP LE JEUNE N.C.
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME FRANCIS R. GERACI
14. MOTHER'S MAIDEN NAME NOAMI MINNIX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT FRANCIS R. GERACI

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ACCIDENTAL

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Yacht Basin (CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) June (Day) 19 (Year) 1950 (Hour) 8 45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? playing at docks and fell into water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy (Degree or title) M.D., Deputy Medical Examiner ADDRESS Annapolis Md. DATE SIGNED 6-21-50

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 6-22-50 NAME OF CEMETERY OR CREMATORY St Mary's LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. June 21, 1950 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 22 1950
BUREAU V. S.

05890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ~~Estie~~ Priscilla (Middle) (Last) Giles

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emanuel Thomas

14. MOTHER'S MAIDEN NAME: Mary? (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jeremiah Giles, Lothian, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	4 days
331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	
830	(c) Senile Dementia	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcers

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22/, 1950, to 6/7/, 1950, that I last saw the deceased alive on 6/7/, 1950, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley M.D. 63 College Ave Annapolis 6/8/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 11, 1950

NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

LOCATION (City, town, or county) (State) Henry Md. A. A. Co.

DATE REC'D BY LOCAL REG. June 9, 1950

REGISTRAR'S SIGNATURE Wm. A. Smith

24. FUNERAL DIRECTOR ADDRESS J. B. Johnson, Annapolis, Md.

JUN 12 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

05891

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis; LENGTH OF STAY (In this place) 45 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gomoljak's Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis; STREET ADDRESS (If rural give location) Gomoljak's Farm

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) GOMOLJAK

4. DATE OF DEATH: (Month) June (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widwoed

8. DATE OF BIRTH: Jan. 22, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months 4, Days 29. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: OWN

11. BIRTHPLACE (State or foreign country): Austra Hungry

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Sephen P. Gomoljak Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIAC ASTHMA	**
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARDIO-RENAL-VASCULAR DISEASE	**
	(c) GENERAL ARTERIO-SCLEROSIS	**

442X

131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) nr. Annapolis (COUNTY) Anne Arundel (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 21,50 7 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Natural Causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Clarke M.D. (Degree or title) Medical Examiner ADDRESS for. A.A. Co., Md. 98 Gloucester St. Annapolis, Md. DATE SIGNED June 21,50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF June 24, 1950; NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery; LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 22, 1950; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OOOVV

RECEIVED
JUN 23 1980
BUREAU M.S.

05892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis usna
LENGTH OF STAY (in this place) 2½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Porter Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis USNA
STREET ADDRESS (If rural, give location) 4 Porter Rd.

3. NAME OF DECEASED (Type or Print) (First) ELEANOR (Middle) (Last) GOODWIN

4. DATE OF DEATH (Month) JUNE (Day) 6, 1950 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 14, 1871
9. AGE last birthday 79 yrs. If under 1 year Months 3 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas V. Sherwin
14. MOTHER'S MAIDEN NAME Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs E. Goodwin McCorkle USNA Annapolis 4 Porter Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1½ days

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ascending Colon with metastasis to liver? — 6+ mon.

46e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/25, 1950, to 6/6, 1950, that I last saw the deceased alive on 6/5, 1950, and that death occurred at 3:3 A m., from the causes and on the date stated above.

SIGNATURE Frank M Shipley, MD (Degree or title) ADDRESS 63 College Ave Annapolis DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6-7-50
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. June 7, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1960
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

05893

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SEVERN-RURAL — LENGTH OF STAY (In this place): 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONARD AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SEVERN, RURAL
STREET ADDRESS (If rural, give location): MONARD AVE.

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) ELONZY (Last) GREGG

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) unmarried

8. DATE OF BIRTH: Jan 4, 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: farm hand

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ELIJAH GREGG

14. MOTHER'S MAIDEN NAME: KATHERINE STEVENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MONARD AVE. MRS. KATHERINE GREGG, SEVERN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 3 days.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 3 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to June 16, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Milton Linthicum, M.D. Linthicum Heights Md. June 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 19 1950 — NAME OF CEMETERY OR CREMATORY: Lisbon — LOCATION (City, town, or county) (State): Lisbon Howard Co Md

DATE REC'D BY LOCAL REG.: June 18. 1950 — REGISTRAR'S SIGNATURE: Clara Harlup

24. FUNERAL DIRECTOR — ADDRESS: Ridgley Selby, 401 Wash. ave Laurel, Md.

RECEIVED
JUL 6 1950
BUREAU V. S.

05894

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 126 JUN 27 1950

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) Maryland; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 20 Southgate Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Archibald	HALL	6	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	11-28-1888	~~62~~ 61 yrs.	7			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Captain, Retired	USN	Nebraska	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DECEASED	DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I & II		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PROGRESSIVE MYOCARDIAL FAILURE	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY HEART DISEASE	6 years
	(c) ARTERIOSCLEROTIS HEART DISEASE	years

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - - -	- - - - - - - - - - - - - - - - - - - -	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- - - - - - -	- - - - - - -	- - - - - - - - - - - - - - - - - - - -		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
- - - - - - - - m.		- - - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from July 18, 19 49, to June 19, 19 50, that I last saw the deceased alive on June 19, 19 50, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George M. Davis	CDR,MC,USN	U.S.Naval Hospital,Annapolis,Md.	6-19-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	6-20-50	Naval Academy	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 20, 1950		John W. Taylor - Sun	Annapolis Md.

31696

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 22 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

05895

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH · COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): III Ninth Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GEORGE W. HAWKINS				4. DATE OF DEATH (Month) (Day) (Year): 6/20/50 19	
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M	8. DATE OF BIRTH: 8/17/1878	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY: Daniel Miller	11. BIRTHPLACE (State or foreign country): Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: John Hawkins		14. MOTHER'S MAIDEN NAME: Florence Mitchell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Family - Same			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to June 19, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Denis J. McGrath	M.D.	1 E Randall St. Balto 30	Md.

23. BURIAL, CREMATION REMOVAL (Specify): B	DATE: 6/24/50	NAME OF CEMETERY OR CREMATORY: Glen Haven	LOCATION (City, town, or county) (State): Glen Burnie
DATE REC'D BY LOCAL REG.: 6/22/50	REGISTRAR'S SIGNATURE: A.W. Hedrick	24. FUNERAL DIRECTOR: James L. McCleary	ADDRESS: 130 E. Fort Ave.

42099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05896

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: A.A. Co.

City or town: Solley
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A.A. Co.

City or town: Solley
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 120 Warner Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: MARGARET M. HILL

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	W

6.(b) Name of husband or wife: John

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 2 · 14 · 1874

8. AGE: Years: 76 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Hours

FATHER
12. Name: —
13. Birthplace: —

MOTHER
14. Maiden name: —
15. Birthplace: —

16. Informant: Family

Address: Same.

17. B. (Burial, cremation, or removal. Which?) Date thereof: 7-3-50 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Balto

18. Funeral director: James L. McCurry

Address: 130 E. Fort Ave.

19. 7/3/50 (Date rec'd by registrar) 19..... A. W. Heinrich LR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/30 19 50 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 49, to June 30 19 50 and that I last saw h. E.R. alive on June 29 19 50

Immediate cause of death	DURATION
Heart Failure	1 week
Due to: Arteriosclerotic Cardio Vascular Disease	5 years
Due to:	
Other conditions: Hemiplegia (Left.	1 week

422.1
93d

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. Brady Smith M.D. M. D. or other

Address: Riviera Beach, Md. Date signed: 7/1/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05897

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) W (Last) TESTER
4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5 July 1949
9. AGE last birthday: 10 months yrs. If under 1 year: Months 10 Days 31 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (none)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert E. Tester
14. MOTHER'S MAIDEN NAME: Aileen Fox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Herbert Tester (Grandfather)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MENINGOCOCCEMIA — 36 HOURS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

0521
6

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 JUNE, 1950, to 1 JUNE, 1950, that I last saw the deceased alive on 1 JUNE, 1950, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE Philip Duncie (Degree or title) M.D. ADDRESS 212 Prince George St, Annapolis DATE SIGNED 1 June 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 3, 1950 | NAME OF CEMETERY OR CREMATORY Glen Haven | LOCATION (City, town, or county) (State) Glen Burnie, Anne Arundel, Md.

DATE REC'D BY LOCAL REG. 6/3/50 | REGISTRAR'S SIGNATURE L. P. Robb | 24. FUNERAL DIRECTOR ADDRESS Richard V. Singleton - Glen Burnie

2-6-7 05:0-16 1-41 M. T. Francis

RECEIVED
JUN 6 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

05898

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS 51 Fleet, (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ARTHUR (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-4-21

9. AGE last birthday: 28 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler Yeoman

10b. KIND OF BUSINESS OR INDUSTRY: Ship Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Arthur A. Johnson

14. MOTHER'S MAIDEN NAME: Mary Butler Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

851.8

172

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Severn River (CITY OR TOWN) near Annapolis (COUNTY) A.A. (STATE) Md

TIME OF INJURY (Month) June (Day) 24 (Year) 1950 (Hour) 2.22 p.m.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Fell off barge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffy (Degree or title) M.D. ADDRESS Deputy Medical Examiner, Annapolis Md. DATE SIGNED 6-27-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6-28-50 | NAME OF CEMETERY OR CREMATORY Broad Neck | LOCATION (City, town, or county) Annapolis R 17 | (State) Md.

DATE REC'D BY LOCAL REG. June 28, 1950 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR William Reese | ADDRESS 108 Washington St Annapolis, Md

35809

VS-A15A

RECEIVED
JUN 29 1950
BUREAU Y.

05899

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 241

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shadyside — LENGTH OF STAY (in this place): 1 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shadyside (Cedarhurst)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shadyside (Cedarhurst)	STREET ADDRESS (If rural give location): Spring Ave.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) HENRY (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Mar. 24 1887	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired police Sgt.	POLICE	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clinton J. Johnson	Sarah E. Coomes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	No	–	(Mrs.) Lillie Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	3 years
	(c)	

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Leffy, M.D.	Deputy Medical Examiner	Annapolis Md	6-23-50

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6-26-50	Fort Lincoln	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 24, 50	Carrie F. Campbell Mrs. Edward Collinson	J. William Lee's Sons Co	

60498

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

RECEIVED
JUN 28 1950
BUREAU V. S.

05900

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Ridgeley + Monterey Sts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 14 Monument St

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) LINCOLN (Last) JOHNSON
4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 9-17-1946
9. AGE last birthday 3.3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) A.A. County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Christopher C. Johnson
14. MOTHER'S MAIDEN NAME Eleanor Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-1956
17. INFORMANT Sarah Randall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
353.3	Immediate cause	(a) Heat exhaustion	sudden
85	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	7
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffey M.D., Deputy Medical Examiner (Degree or title) ADDRESS Annapolis Md DATE SIGNED 6-27-50

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 7-2-50
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REG. 6/30/50
REGISTRAR'S SIGNATURE G. W. Heduch
24. FUNERAL DIRECTOR William Reese ADDRESS 108 Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1100 Mapel Street	STREET ADDRESS (If rural, give location) 1100 Mapel Street

3. NAME OF DECEASED (Type or Print)	(First) ANNA	(Middle) MARIE	(Last) KRIEGBAUM	4. DATE OF DEATH	(Month) June (Day) 18, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widwoed	8. DATE OF BIRTH April 12, 1856	9. AGE last birthday 94 yrs.	If under 1 year Months 2 Days 6; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Leonard D. Hessenauer		14. MOTHER'S MAIDEN NAME Anna S. Hress			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS C.K. Schlegel 1100 Mapel St. Annapolis			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis Generalized — years

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to June 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D. ADDRESS Annapolis Md DATE SIGNED 6-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6-20-50	NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	LOCATION (City, town, or county) (State) Glen Burnie, Maryland
DATE REC'D BY LOCAL REG. 6/20/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR B.L. Hopping and Son	ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

05902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel Glen Burnie Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 - Second Ave S. W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Glen Burnie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 16 - Second Ave S. W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Joseph Lanasa
4. DATE OF DEATH (Month) (Day) (Year) June 10 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 13 - 1885
9. AGE last birthday 65 yrs. If under 1 year Months 11 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit + Produce
10b. KIND OF BUSINESS OR INDUSTRY Fruit + Produce
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael
14. MOTHER'S MAIDEN NAME Anna Gentile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-30-2879
17. INFORMANT AND ADDRESS Joseph Mirabile 8036 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
541.0	Immediate cause	(a) Coronary Thrombosis	Sudden
1176	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Duodenal Ulcer	1 1/2 y.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to June 9, 1950, that I last saw the deceased alive on 6/9/50, 19....., and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE Gustave L. Barber M.D. (Degree or title) ADDRESS Glen Burnie Md DATE SIGNED 6/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 13 - 1950
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) Brooklyn Md. (State)

DATE REC'D BY LOCAL REG. 6/12/50
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR Joseph Tarace Inc. 2013 Greenmount Ave ADDRESS

XVX 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(3)

MARYLAND STATE DEPARTMENT OF HEALTH

05993

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): Old Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) (Last) LEE

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 6, 1950

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Glen Burnie, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bill Seever

14. MOTHER'S MAIDEN NAME: Mary Virginia Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

925× 165

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Woods

(CITY OR TOWN) (COUNTY) (STATE): Glen Burnie, Anne Arundel Co., Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): June 6, 1950 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Found drowned in 10 gallon can, 3/4 full of water

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE: R S Fraher (Degree or title) MD ADDRESS:

DATE SIGNED: June 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Anatomy Board

LOCATION (City, town, or county) (State): University of Md.

DATE REC'D BY LOCAL REG.: June 15, '50

REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Medical School - Anatomy Board

VS. A15A

RECEIVED
JUN 15 1960
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 53 College Creek Terace

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Hicks (Last) Matthews

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10/26/1903

9. AGE last birthday: 46 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer & Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Dressmaker

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Hicks

14. MOTHER'S MAIDEN NAME: Annie Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-24-9632

17. INFORMANT AND ADDRESS: Marshall R. Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular Accident (?)	3 days
	(c) Arteriosclerotic Hypertensive CVD	1+ yr.

443x
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to June 3, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 2 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M. Shipley, M.D. 63 College Ave. Annapolis 6/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/6/1950

NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery

LOCATION (City, town, or county) (State): West St. Ext. Annapolis Md.

DATE REC'D BY LOCAL REG.: June 5, 1950

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Mrs. Charles E. Hicks & Son-45 Northwest St.

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
BUREAU V. S.

05905

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterbury
STREET ADDRESS (If rural, give location) Crownsville, Md

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Hennis (Last) Miller
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct. 12, 1882
9. AGE last birthday 67 yrs. If under 1 year Months 7 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) worked on State Road
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waterbury, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Miller
14. MOTHER'S MAIDEN NAME Hester ? (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ellen Miller, Crownsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho - Pneumonia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Myo Carditis	
	(c) Arterio - Sclerotic Hypertension	6 Mo

447x
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

SIGNATURE R. L. Richardson (Degree or title) M D ADDRESS Ann Arundel DATE SIGNED 6/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 10, 1950
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Millersville (State) Md.

DATE REC'D BY LOCAL REG. June 9, 1950
REGISTRAR'S SIGNATURE E. F. Joyce Local Reg.
24. FUNERAL DIRECTOR J. B. Johnson, ADDRESS Annapolis, Md.

XVX 98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05906

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ft. Geo. G. Meade
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural give location) Maryfield Section

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) LOU (Last) MOORE

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1950

5. SEX: Femal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12/10/47

9. AGE last birthday: 2 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Greensboro N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert F. Moore

14. MOTHER'S MAIDEN NAME: Katherine Rumple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Robert F. Moore

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CRUSHED SKULL — Sudden

802.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
169 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office building, etc.) OF INJURY R.R. TRACK
(CITY OR TOWN) ODENTON (COUNTY) A.A. (STATE) Md.

TIME OF INJURY (Month) June (Day) 24 (Year) 1950 (Hour) 10 a.m. EST
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by Pennsylvania R.R. Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas M. Laffy M.D., Deputy Medical Examiner Annapolis Md 6-24-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/26/50
NAME OF CEMETERY OR CREMATORY Trautman Mem.
LOCATION (City, town, or county) (State) Statesville N.C.

DATE RECD BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR John J. Bowan & Son
ADDRESS Hollins

RECEIVED
JUN 27 1950

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05907

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: CROWNSVILLE, A.A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MITCHELLVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CROWNSVILLE STATE HOSPITAL	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ROSE	(Last) NELSON	4. DATE OF DEATH	(Month) JUNE	(Day) 16,	(Year) 1950
5. SEX: Female.	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 1901	9. AGE last birthday: 49 yrs.	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME: ?	14. MOTHER'S MAIDEN NAME: ?						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Stone. 3923 Canterberry Road.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) HYPERTENSIVE CARDIO-VASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 25, 1950, to JUNE 16, 1950, that I last saw the deceased alive on JUNE 16, 1950, and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.		CROWNSVILLE, MD.	JUNE 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: JUNE 19, 1950	NAME OF CEMETERY OR CREMATORY: MOUNT ZION	LOCATION (City, town, or county) (State): ~~MARYLAND~~ BALTIMORE, MD
DATE REC'D BY LOCAL REG.: 6/19/50	REGISTRAR'S SIGNATURE: H W Hedrick	24. FUNERAL DIRECTOR: Mrs Katie R Williams	ADDRESS: 3227 N Schorder Street

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

05908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Mayland COUNTY: Balt.City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): 1017 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sarah Nichols	4. DATE OF DEATH (Month) (Day) (Year): 6/11/50 19
5. SEX: female — 6. COLOR OR RACE: colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed — 8. DATE OF BIRTH: ~~not known~~ about 1880	9. AGE last birthday: 70(?) yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework — 10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Frederick County, Maryland — 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Belm	14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Myocardial Degeneration	known since 4/23/46
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Senile Psychosis	known since 4/23/46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 4/23/46, 19....., to 6/11/50, 19....., that I last saw the deceased alive on 6/11/50, 19....., and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.	Crownsville Md.	6/11/50

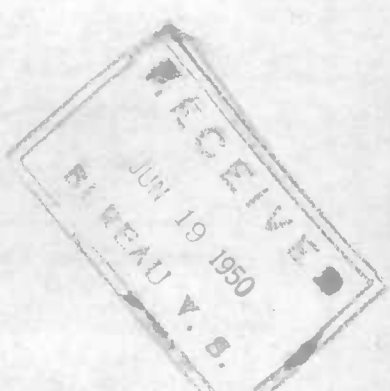
23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 6/15/50	NAME OF CEMETERY OR CREMATORY: University Hospital	LOCATION (City, town, or county) (State): Balto Md City
DATE REC'D BY LOCAL REG.: 6/15	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Frances A Hemsley	ADDRESS: 578 W. Biddle St

520 86

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05909 52

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey
LENGTH OF STAY (in this place) 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey - Harmans Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey
STREET ADDRESS (If rural give location) Dorsey - Harmans Rd.

3. NAME OF DECEASED (Type or Print): (First) Velma (Middle) Louise (Last) Noakes
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950
5. SEX F.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug. 11, 1912
9. AGE last birthday 37 Yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elmer Noakes
14. MOTHER'S MAIDEN NAME Cora F. Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. —
17. INFORMANT Chas. Noakes - Hanover, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Hypertensive Cardio-Vas. Disease — 1 yr.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1st 19 49 to June 25 19 50, that I last saw the deceased alive on June 24 19 50, and that death occurred at 12:05 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D., Savage, Md. 6/25/50

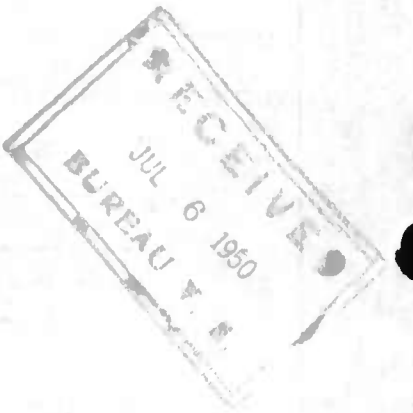
23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/27/50 | NAME OF CEMETERY OR CREMATORY St. Rests. | LOCATION (City, town, or county) (State) Hanover, R.F.D.

DATE REC'D BY LOCAL REG. 6-26-50 | REGISTRAR'S SIGNATURE Clara Kasluf

24. FUNERAL DIRECTOR Ridgely Selby, Laurel, Md. ADDRESS

52086

VS. A15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JUL 6 1950
BUREAU

05910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spa Road
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 921 Spa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 921 Spa Road

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Howard (Last) Queen

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1950

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct. 14, 1880
9. AGE last birthday 69 yrs. If under 1 year Months 7 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plummer, helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) A. A. Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Isaac Queen
14. MOTHER'S MAIDEN NAME Annie (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Mary F. Queen, Spa Road Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

151x
46b

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nil

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11, 1950, to 6/3, 1950, that I last saw the deceased alive on 6/2, 1950, and that death occurred at 10.45A m., from the causes and on the date stated above.

SIGNATURE Mamie F. Klawans, Md (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 6/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 8, 1950
NAME OF CEMETERY OR CREMATORY Fowlers Cemetery
LOCATION (City, town, or county) (State) Bestgate, Md.

DATE REC'D BY LOCAL REG. June 8, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. B. Johnson, Annapolis, Md. ADDRESS P.O. Box 462

34819

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 9 1950
BUREAU V. S.

M

05911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH- COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 37 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: not known
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): not known

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) (Last) Richardson

4. DATE OF DEATH (Month) 6/7/50 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: ~~not known~~ about 1872

9. AGE last birthday: (77?) yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur Gommes

14. MOTHER'S MAIDEN NAME: Annie Brunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ~~********************~~

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Cardio-Vascular Disease	known for ten years
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Manic Depressive Psychosis, Manic Type	known since 5/13/13

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none

(CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10/1/41, 19....., to 6/7/50, 19....., that I last saw the deceased alive on 6/7/50, 19....., and that death occurred at 11:00 A. m., from the causes and on the date stated above.

SIGNATURE: Jacob J Morgenstern M.D. (Degree or title)

ADDRESS: Crownsville, Maryland

DATE SIGNED: 6/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: 6/7/50

NAME OF CEMETERY OR CREMATORY: University Hospital

LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG.: 6/7/50

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Francis A Hemsley 578 N Biddle St

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05912

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-1

1. PLACE OF DEATH · COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LINTHICUM HEIGHTS
LENGTH OF STAY (in this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 410 FOREST VIEW ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: DELAWARE — COUNTY: NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILMINGTON
STREET ADDRESS (If rural, give location): LANCASTER COURTS. ✓

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) WALKER (Last) RITCHIE
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Feb 12, 1862
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: [redacted] LOUIS F. WALKER
14. MOTHER'S MAIDEN NAME: ISADORE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: 410 FOREST VIEW ROAD. MRS. E.B. STAUFFER, LINTHICUM HGTS, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x **Immediate cause** (a) INTESTINAL HEMORRHAGE, MASSIVE — Interval Between Onset and Death: 12 HRS.

Antecedent cause(s)

46 2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CARCINOMA OF COLON. — 6 Mo. +

(c) HYPERTENSION — 20 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1950, to June 9, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Milton Linthicum, M.D. — ADDRESS: Linthicum Heights, Md. — DATE SIGNED: June 9, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/12/50 — NAME OF CEMETERY OR CREMATORY: Lower Brandywine Cem. — LOCATION (City, town, or county) (State): Wilmington, Del

DATE REC'D BY LOCAL REG.: 6/9/50 — REGISTRAR'S SIGNATURE: Edw. Hedrick — 24. FUNERAL DIRECTOR: John A. Moran 1162 — ADDRESS: 3000 E. Balto St.

DM

05913

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) 2days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis, Maryland	STREET ADDRESS (If rural, give location) 264 King George Street

3. NAME OF DECEASED (Type or Print)	(First) Irene	(Middle)	(Last) ROBERTS	4. DATE OF DEATH	(Month) 6	(Day) 7	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12-4-1889	9. AGE last birthday 60 yrs.	If under 1 year Months 6	Days 3	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME James L. Mace	14. MOTHER'S MAIDEN NAME Agnes Clark						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, METASTATIC	Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PRIMARY SITE UNKNOWN	
	(c) PROBABLY BREAST (MASTECTOMY 10 YEARS AGO)	Years

170x

50

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 5, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 6:04 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George M. Davis George M. DAVIS	CDR, MC, USN	U.S.Naval Hospital, Annapolis, Md.	6-8-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~	DATE THEREOF 6/12/50	NAME OF CEMETERY OR CREMATORY Naval Academy	LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REG. June 12, 1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John M. Taylor Son	ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05914

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) 35 minutes; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital, Annapolis,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) Cathedral and West Streets

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Sidney (Last) ROBERTS

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-22-1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: USN

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DECEASED

14. MOTHER'S MAIDEN NAME: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Sp.Am; WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wilbur I. Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) HEMORRHAGE, CEREBRAL — 35 minutes

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to June 10, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 10:56 P. m., from the causes and on the date stated above.

SIGNATURE F.P.BALLENGER — (Degree or title) ICDR,MC,USN — ADDRESS U.S.Naval Hospital,Annapolis,Md. — DATE SIGNED 6-12-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 6-14-1950 — NAME OF CEMETERY OR CREMATORY U. S. Naval Academy — LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. June 12 1950 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John N. Taylor & Son — ADDRESS Annapolis, Md.

60896

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JUN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05915

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Crest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore,
STREET ADDRESS (If rural, give location) 313 South Fulton St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Sadler

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/4/18

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Invalid from Birth

11. BIRTHPLACE (State or foreign country): Virginia (Middlesex Co.)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter M. Sadler

14. MOTHER'S MAIDEN NAME: Mamie L. Rainier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war and dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Cedar Crest N.Home Records.

18. MEDICAL CERTIFICATION &Mrs. Mamie L. Sadler (Mother)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.2 85

Immediate cause (a) Status Epilepticus — Interval between onset and death: 40hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Asthenia — 2 y.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950 to 6/1/50, 19....., that I last saw the deceased alive on 5/28/50, 19....., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eustace H. Pancheri M.D. ADDRESS Glen Burnie, Md. DATE SIGNED 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 4, 1950

NAME OF CEMETERY OR CREMATORY: Lockles Creek Burial Ground

LOCATION (City, town, or county) (State): Deltaville, Middlesex Co. Virginia

DATE REC'D BY LOCAL REG. 6/2/50

REGISTRAR'S SIGNATURE A W Hedrick

21. FUNERAL DIRECTOR: P. Howard Evans ADDRESS: 1400 N. Charles St. Balto. 30, Md.

VS-A 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05916

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Ama Arundel County

City or town: Pasadena, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mos.

Hospital, institution, or street address where death occurred: 3 Stony Creek rd. Barharbor

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County: Dauphin

City or town: New Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 300 W. 16th ST.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: IRENE REBECCA SARGEN

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: divorced

6.(b) Name of husband or wife: Harry Sargen

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 2, 1884

8. AGE: Years 65 | Months 7 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace: Mechanicsburg, Pa.
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business: own home

FATHER
12. Name: James Nagle
13. Birthplace: Lebanon, Pa.

MOTHER
14. Maiden name: Adelaide Riddle
15. Birthplace: Ft. Wayne Ind.

16. Informant: Robert L. Sterling
Address: 3 Stony Creek Rd. Mil.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 24, 1950 (month) (day) (year)

Cemetery or crematory: Prospect Hill Cem.

Location: York, Pa.

18. Funeral director: Edward W. Baumeister
Address: 751 S. Queen St. York Pa.

19. 6/22 1950 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1950, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1950, to June 21 1950 and that I last saw her alive on June 20 1950

	DURATION
Immediate cause of death: Heart Failure	4 days
Due to: Degenerative Cardio-Vascular Disease	3 years
Due to:	
Other conditions: Carcinoma Bladder 422.1 52b (Include pregnancy within 3 months of death)	3 years

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. Brady Smith M.D. (M.D. or other)

Address: RIVIERA BEACH, MD. Date signed: 6/21/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

By JOAN F. DENNY, MS 715 LIGHT ST BALTO-39 MD.

181

I

05917

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
LENGTH OF STAY (In this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Millersville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
STREET ADDRESS (If rural, give location) Millersville Road

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) WILBUR (Last) SCHAUL
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAY 30 1908
9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY: U. S. A
13. FATHER'S NAME: William SCHAUL
14. MOTHER'S MAIDEN NAME: Elizabeth Brightwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: HENRY WOODWARD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) CORONARY OCCLUSION — Sudden

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY SCLEROSIS — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John M. Gaffy M.D. ADDRESS County Medical Examiner. Annapolis, Md DATE SIGNED 6/17/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-20-50 | NAME OF CEMETERY OR CREMATORY Baldwin Mem. Church | LOCATION (City, town, or county) Severn Cross Rds. A.A.Co. (State) Md.

DATE REC'D BY LOCAL REG. 6/19/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons 1900 Eutaw Pl.

26697

RECEIVED
JUN 20 1950
BUREAU V. S.

Evidence for addition of #18 shown on;

05918

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 12 JUN 13 1950

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (In this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS CITY-POLICE STATION

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural give location) 240 Prince Geo St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) SMITH

4. DATE OF DEATH: (Month) JUNE (Day) 12 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED.

8. DATE OF BIRTH: Jan 2. 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Aide

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES W. SMITH

14. MOTHER'S MAIDEN NAME: ARABELLA BURGESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: MARY E. SMITH.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Alcoholism

322.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (6-13-50 - ams)

77d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. J. McClafferty M. D. 700 Fleet St. Baltimore 6-2-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 6-3-50 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. June 3, 1950 | REGISTRAR'S SIGNATURE T. V. Smith | 24. FUNERAL DIRECTOR John M. Taylor Son | ADDRESS Annapolis Md.

6089G

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUN 6 1950
BUREAU V. S.

05919

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel | LENGTH OF STAY (In this place) 20 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R. F. D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Alphonso	Smith	June	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	4/9/1902	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	(Was Island)	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Jerry Smith	Grace Thomas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Grace Smith (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave A. Faubert M.D.	Assistant Medical Examiner	Glen Burnie, Md.	6/11/50.

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 14/1950	Bacons Chapel	Anne Arundel Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13 50	Clara Haslup	Ridgley Selby	Laurel Md

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JUL 8 1950
BUREAU U. S.

05920

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREEN HAVEN
LENGTH OF STAY (in this place) 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FOURTH ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREEN HAVEN (PASADENA, P.O.)
STREET ADDRESS (If rural, give location) FOURTH STREET.

3. NAME OF DECEASED (Type or Print) (First) LUCIA (Middle) ESTELLE (Last) SMITH
4. DATE OF DEATH (Month) JUNE (Day) 24 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH 9-17-1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK (RETIRED
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN WESLEY PUMPHREY
14. MOTHER'S MAIDEN NAME MARY CATHERINE LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS COLVIN A. SMITH, 1716 W. PRATT, ST. BALTIMORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) CORONARY THROMBOSIS	UNKNOWN.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1950, to 6/24, 1950, that I last saw the deceased alive on 6/24, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE John Alexander (Degree or title) M.D. ADDRESS Glen Burnie, Md. DATE SIGNED 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JUNE 27, 1950
NAME OF CEMETERY OR CREMATORY GLEN HAVEN
LOCATION (City, town, or county) GLEN BURNIE (State) MD

DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Thomas W. Laughton ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 28 1950
BUREAU V. S.

05921

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHASE HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 201 Prince Geo

3. NAME OF DECEASED (Type or Print) (First) HARRIET (Middle) KEY (Last) STOCKETT
4. DATE OF DEATH (Month) JUNE (Day) 20 (Year) 1950

5. SEX FEM. | 6. COLOR OR RACE WHITE | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH 6-29-1866 | 9. AGE last birthday 84 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) A. A. Co Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank H. Stockett | 14. MOTHER'S MAIDEN NAME Mary P. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cr. Myocarditis with fibrillation — Several months.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18th, 1950, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED June 21-1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF 6-22-50 | NAME OF CEMETERY OR CREMATORY St Annes | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. June 21, 1950 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR John M. Taylor Son | ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

05922

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Monticello Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 105 Monticello Ave.

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Shores (Last) Stokes
4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 27, 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Sidney T. Shores
14. MOTHER'S MAIDEN NAME Henrietta Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Samuel S. Stokes Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Failure	6 hrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	2 1/2 yrs +
131b	(c) Cr. Parenchymatous Nephritis	1 1/2 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1948, to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis M.D. (Degree or title) ADDRESS Annapolis Md. DATE SIGNED 6/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-28-1950
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) Annapolis, Md. (State)
DATE REC'D BY LOCAL REG. June 28, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05923

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville; LENGTH OF STAY (in this place): 5 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City; STREET ADDRESS (If rural, give location): 1023 Hillen St.,

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Swann

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: about Unknown 1885

9. AGE last birthday: 65? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular disease — Interval between Onset and Death: Known to us since 3/22/45

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

938 (c) Reactive depression

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1945, to June 29 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE: Jacob Marquette (Degree or title) M.D. ADDRESS: Crownsville, Maryland DATE SIGNED: 6/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 7/3/50 NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG.: 6/30/50 REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Robert L. Young ADDRESS: 1532 E. Monument St

MARYLAND STATE DEPARTMENT OF HEALTH

05924

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park; MARYLAND; LENGTH OF STAY (in this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS r/s Doris Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park; STREET ADDRESS (If rural give location) r/s Doris Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	MADELINE	THOMAS	June	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	Oct. 13 1866	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home		Maryland	U.S.A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	none	Norman Leroy Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Acute Dilatation of Heart	Sudden
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease	unknown
	(c) Arterio-sclerosis (general	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Coffin M.D	Deputy Medical Examiner	Annapolis Md	6/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 20, 1950	Cedar Hill	A. A. Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/19/50	H. W. Hedgin Jr	A. Howard Evans Inc	Lothian Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05925

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Park (rural); LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Farms

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A. Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Park Rural; STREET ADDRESS (If rural, give location) Maple Farms

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cal	R.	Thompson	June	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Dec 22 1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman Ret.	A&P Tea Co	Maetinsburg Pa.	U.S.A.

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: Catherine Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	Unkown	Miles C. Thompson, Dallas, Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arterio-sclerosis	?
	(c) Senility	?

331x
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1948, to June 1st, 1950, that I last saw the deceased alive on June 1st, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave A. Bouchereau. Glen Burnie, Md. June 4-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-5-1950	Glen Haven	Glen Burnie Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/5/50	L. J. Dallas	Rowland V. Sing Sr.	Glen Burnie

27861

RECEIVED
JUN 6 1950
BUREAU V. S.

05926
22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A13

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. Box # 415

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) R.D. Box # 415

3. NAME OF DECEASED (Type or Print): (First) NANCY (Middle) EMMA (Last) THOMPSON

4. DATE OF DEATH: (Month) June (Day) 22nd, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 3/6/1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Raleigh County, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bart Cole

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Garnet J.Sander Odenton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cerebral Infarct — 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 332x 838 (b) Malignant Hypertension of years.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OR office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950 to June 22 1950 that I last saw the deceased alive on June 20, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.W. McKinley Odenton Md 6-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 24/1950 — NAME OF CEMETERY OR CREMATORY: Meadowridge Memo.Pk. — LOCATION (City, town, or county) (State): Howard County, Md.

DATE RECD BY LOCAL REG.: June 23,1950 — REGISTRAR'S SIGNATURE: Mrs. Anna M. Yingling, Miss Clara Hadley

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md.

RECEIVED
JUN 29 1990

05927

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorsey
LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Forest Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: A-A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorsey
STREET ADDRESS (If rural give location): Forest Ave.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) WESLEY (Last) TIPTON
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 28 1877
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Wesley Tipton
14. MOTHER'S MAIDEN NAME: Martha Francis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 705-05-6226
17. INFORMANT: Woodrow Wilson Tipton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary occlusion	sudd
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
		(c) Arterial Hypertension & sclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Caffey M.D., (Degree or title) Deputy Medical Examiner ADDRESS: Annapolis Md DATE SIGNED: 6-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/30/50.
NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.
LOCATION (City, town, or county) (State): Dorsey Md

DATE REC'D BY LOCAL REG.: 6/28/50
REGISTRAR'S SIGNATURE: R W Hedrick
24. FUNERAL DIRECTOR: Harry H. Lutz Jr. ADDRESS: 4101 Edmonds Rd

JT

32247 Ann

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05928

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: COLLEGE CREEK

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PAROLE
STREET ADDRESS (If rural give location): 4 DORSEY LANE

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) JEROME (Last) TONGUE
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1950
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: March 3, 1935
9. AGE last birthday: 16 yrs. — If under 1 year: Months 3, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Morris Tongue
14. MOTHER'S MAIDEN NAME: Maggie Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Maggie Parker

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.): College Creek — (CITY OR TOWN): Annapolis — (COUNTY): A.A. — (STATE): Md.
TIME OF INJURY (Month) June (Day) 8 (Year) 1950 (Hour) 12:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Was in swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Claffy M.D. (Degree or title) Deputy Medical Examiner — ADDRESS: Annapolis, Md — DATE SIGNED: 6-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 11, 1950 — NAME OF CEMETERY OR CREMATORY: Fowlers Cemetery — LOCATION (City, town, or county) (State): Best Gate, Md.

DATE REC'D BY LOCAL REG.: June 11, 1950 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J.B. Johnson — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 13 1950
BUREAU V. S.

05929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural give location) 527 4th Street

3. NAME OF DECEASED (Type or Print) (First) Iry (Middle) (Last) Turner
4. DATE OF DEATH (Month) 6 / (Day) 12 / (Year) 50

5. SEX female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9/26 / 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Anne Arundel Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bailum Blunt
14. MOTHER'S MAIDEN NAME Anelia Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. --- ---
17. INFORMANT James Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal B. Pneumonia	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	7 days.
	(c)	

331X
830

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Cerebral Mumbosis, Gen. Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to 6/12, 1950, that I last saw the deceased alive on 6/11, 1950, and that death occurred at 830 A m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans Md (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 6/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/15/1950
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 15, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Mrs. Charles E. Hicks & Son ADDRESS 55 Northwest st

49699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05930

Reg. Dist. No. 3d

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Arundle Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena; LENGTH OF STAY (in this place) 5 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pasdena R 5 Box 438

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena R 5 Box 438; STREET ADDRESS (If rural give location) R 5 Box 438 Pasadena

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Walker

4. DATE OF DEATH: (Month) 6 (Day) I5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/I2/I88I

9. AGE last birthday: 69 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mose Ware

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Aron Jackson 6I9 N. Bond St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
33 1/x	Immediate cause	(a) Cerebral hemorrhage	7 months
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unknown
		(c) arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. auricular fibrillation, mild — 7 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1949, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Randall M. McLaughlin, M.D. Pasadena, Md. June 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/I7/I950

NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem.

LOCATION (City, town, or county) (State): Brooklyn A.A.Co Md

DATE REC'D BY LOCAL REG. 6-16-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Elroy O. Wilson I000 Brantly Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05931

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (In this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 W. Maple Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
STREET ADDRESS (If rural, give location) 209 W. Maple Rd.

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Marion (Last) Warnker.

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/10/1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant.

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick A. Warnker

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-05-6988

17. INFORMANT: Miss Margaret Warnker.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma rt. Lung.	2 yr.
163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d	(b) Arterio-Sclerosis	5 yr.
	(c) Cardiac Disease	6 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1944, to 6/24, 1950, that I last saw the deceased alive on 6/24, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. L. Ball Jr. Linthicum 6/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-26-50

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 6-26-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons Inc. 1900 Eutaw Place, Balto.

39099

MARYLAND STATE DEPARTMENT OF HEALTH

05932

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida. (Middle) Mae (Last) Welch

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 3-1883

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Deale

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Deale

14. MOTHER'S MAIDEN NAME: Fannie Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: William E. Deale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 20 min

420.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C V Disease — 15 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1950, to 15 June, 1950, that I last saw the deceased alive on —, 19—, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert B. Janney M.D. Upper Marlboro, Md June 16, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 18, 50

NAME OF CEMETERY OR CREMATORY Deale Family Cem.

LOCATION (City, town, or county) (State) Deale, Maryland

DATE REC'D BY LOCAL REG. 6/17/50

REGISTRAR'S SIGNATURE D.M. Clayton

FUNERAL DIRECTOR B. L. Hopkins & Son

ADDRESS Annapolis, Md.

RECEIVED
JUN 19 1990
U.S.
BUREAU

05933

Dr Martin

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 180 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
STREET ADDRESS (If rural give location) 180 Prince George St.

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) (Last) Wells
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH August 15, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Cabinet)
10b. KIND OF BUSINESS OR INDUSTRY Carpenter at U.S. Naval Acd.
11. BIRTHPLACE (State or foreign country) Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME James Wells
14. MOTHER'S MAIDEN NAME Mary Elizabeth Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Eliza M. Wells

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
343x	Immediate cause	(a) Broncho Pneumonia	7 days
82	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Transverse myelitis with partial paraplegia.	10 yrs
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1941, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 10 35 p.m., from the causes and on the date stated above.

SIGNATURE James R. Martin (Degree or title) MID, ADDRESS Annapolis, Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 7/1/50
NAME OF CEMETERY OR CREMATORY St. Anne's
LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REG. June 30, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor + Son ADDRESS Annapolis, Md

30849

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05934

23

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale, Glenburnie | LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie, Harundale
STREET ADDRESS (If rural, give location) 1274, Guilford Road

3. NAME OF DECEASED (Type or Print) (First) CORA (Middle) H (Last) WERT
4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 16-1873
9. AGE last birthday 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Carroll Co, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allen Hobaugh
14. MOTHER'S MAIDEN NAME Martha Diltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Wilda Redmond, Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
33 1/x	Immediate cause	(a) Cerebro vascular Accident	5 days.
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	4 years
		(c) Hypostatic pneumonia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1950, to 6/15, 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.W. Richard MD | ADDRESS Glen Burnie, Md | DATE SIGNED 6/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-19-1950 | NAME OF CEMETERY OR CREMATORY Idaville | LOCATION (City, town, or county) Idaville | (State) Ind

DATE REC'D BY LOCAL REG. 6-16-50 | REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Thomas W. Singleton | ADDRESS Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05935

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arrundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: District Training School Laurel Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE		WEST	6	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	10/13/1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inmate	inmate	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George West	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Dr. and Staff & Records-District Training School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	1 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	16 years
	(c) Chronic Hypertention	16 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — Life

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/13/49, to 6/17/50, that I last saw the deceased alive on 6/17/50, and that death occurred at 10:25p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. Schuda M.D. — M.D. Medical Officer — District Training Sch Laurel Md. — 6/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6-18-50		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 18-50	Mara Kaplan	H.S. Washington & Sons.	462 N St. NW

XV 44

RECEIVED
JUL 16 1959
BUREAU

05936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Whitehall Beach
STREET ADDRESS (If rural give location) St. Margarets

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) M. (Last) Wilson
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 5-3-1890
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Strodtman
14. MOTHER'S MAIDEN NAME Margaret Kramer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT James H. Wilson, Sr. Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary occlusion — 1 h

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
61
(b) arteriosclerotic cardiovascular disease & hypertension
(c) diabetes mellitus (severe)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to June 14, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 9:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S Bornuch M.D. Annapolis Md 6/16/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF 6-19-1950 NAME OF CEMETERY OR CREMATORY Parkwood Cemetery LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. June 17, 1950 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor & Son - Annapolis, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 20 1950
BUREAU V. S.

05937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tracey's Ldg.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Tracey's Ldg
STREET ADDRESS (If rural, give location) 1/2 mi north.

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) Jackson (Last) Wiseman

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1 Jan 1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwf
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Philip Jackson
14. MOTHER'S MAIDEN NAME Ellen Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT James Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastric Hemmorhage	2 hrs
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b	(b) Gastric Carcinoma	Unk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension. Unk

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 June, 1950, to 3 June, 1950, that I last saw the deceased alive on 2 June, 1950, and that death occurred at 5 20 17 m., from the causes and on the date stated above;

SIGNATURE Robert B. Sasser (Degree or title) MD ADDRESS Upper Marlboro Md DATE SIGNED 3 June 50.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF June 7, 1950 NAME OF CEMETERY OR CREMATORY Union Chapel Cem. LOCATION (City, town, or county) Mc. Kindree (State) Md

DATE REC'D BY LOCAL REG. 6/7/50 REGISTRAR'S SIGNATURE W. R. Clayton Deputy Reg.
24. FUNERAL DIRECTOR T. A. Hardesty + Son ADDRESS Galesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.
JUN 9 1950
RECEIVE

Evidence for change as shown in #18

05938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

ALM No. G 1 2 , AUG 23 1950

1. PLACE OF DEATH: COUNTY AnneArundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE QueenAnne Md COUNTY q.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Queenstown

3. NAME OF DECEASED (Type or Print) (First) Nelson (Middle) (Last) Wright
4. DATE OF DEATH (Month) June (Day) 10 (Year) 1950
5. SEX male
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH May 12,1895
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Farms
11. BIRTHPLACE (State or foreign country) Queens Anne County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Henry Wright
14. MOTHER'S MAIDEN NAME Fannie Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Frank Wright (brother) QueensTown,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~General Paresis~~ — INTERVAL BETWEEN ONSET AND DEATH: June 1st/50

306X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Psychosis with Cerebral Arteriosclerosis (8-22-50 - ams) — to 6/10/50

97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/1950, 19....., to 6/10, 1950, that I last saw the deceased alive on 6/10, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jacob Hoogenstein M.D. Crownsville State Hospital, Crownsville Maryland

23. BURIAL, CREMATION REMOVAL (Specify) DATE June 13,1950 NAME OF CEMETERY OR CREMATORY Carmichael Cemetery LOCATION (City, town, or county) (State) Queen Anne's County Md.

DATE REC'D BY LOCAL REG. 6/13/50 REGISTRAR'S SIGNATURE [signature] E. F. Joyce

24. FUNERAL DIRECTOR John D. Williams Easton, Md. ADDRESS

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1950
BUREAU V. S.

05939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balt. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1021 Fayette Street

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) (Last) Wright

4. DATE OF DEATH: (Month) 6/7/50 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 1906

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): not known

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eugene Wright

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~~~~

16. SOCIAL SECURITY NO.: not known

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis of the Lungs	known since 6/5/50
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Mental Deficiency with Psychosis	known since 3/17/45

002X 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: none — (CITY OR TOWN): none — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: none

22. I hereby certify that I attended the deceased from 3/17/45, 19..., to 6/7/50, 19..., that I last saw the deceased alive on 6/7/50, 19..., and that death occurred at 11:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob Morgenstern M.D. — ADDRESS: Crownsville, Maryland — DATE SIGNED: 6/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 6/9/50 — NAME OF CEMETERY OR CREMATORY: University Hospital — LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG.: 6/9 — REGISTRAR'S SIGNATURE: L. J. Dr Allen

24. FUNERAL DIRECTOR — ADDRESS: Frances A Hemsley 578 N Biddle St

8660

RECEIVED
JUN 12 1950
BUREAU V. S.

05940

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~242~~ 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delby-on-the-Bay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4009 So. Dakota, N.E.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HENRY (Last) YOBST
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar. 22, 1890
9. AGE last birthday 60 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Dept. of Sanitation
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Emile Yobst
14. MOTHER'S MAIDEN NAME Geneva Shipman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Caroline L. Yobst

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
157X Immediate cause	(a) Carcinoma of Pancreas	?
46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis to liver & stomach	?
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Cathey, M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis, Md DATE SIGNED 6-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-28-50
NAME OF CEMETERY OR CREMATORY St. Lincoln
LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REG. June 25-50
REGISTRAR'S SIGNATURE ~~Corrie F. Campbell~~
24. FUNERAL DIRECTOR J. W. McGee Sons Co ADDRESS
Mr. Edward Collinson 33698 3rd 4th St NE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Ft. Lincoln